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## \*BIBDATASHEET\*

CONFIRMATION NO. 4765

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/685,977	<b>FILING DATE</b> 10/10/2000 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> 05158.P001
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**APPLICANTS**  
Hui Liu, Sammamish, WA;  
Xiaodong Li, Bellevue, WA;  
Fuqi Mu, Issaquah, WA;

**\*\* CONTINUING DATA \*\*\*\*\*** N/A

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** N/A

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 11/24/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
Michael J Mallie  
Blakely Sokoloff Taylor & Zafman LLP  
12400 Wilshire Boulevard  
7th Floor  
Los Angeles, CA 90025

**TITLE**  
Medium access control for orthogonal frequency-division multiple-access (ofdma) cellular networks

<b>FILING FEE RECEIVED</b> 1368	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> 09/685,977	<b>FILING DATE</b> 10/10/2000 <b>RULE</b> -	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 05158.P001
<b>APPLICANTS</b> Hui Liu, Sammamish, WA ; Xiadodong Li, Bellevue, WA ; Fuqi Mu, Issaquah, WA ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/24/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 36
Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 6		
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